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012604  
17411 U.S. PTO10/176544  
17411 U.S. PTO

012604

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. MP0319

First Inventor Sutardja, Sehat

Title INTEGRATED CIRCUITS AND INTERCONNECT STRUCTURE FOR  
INTEGRATED CIRCUITS

Express Mail Label No. EL 623 307 498 US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)

2.  Applicant claims small entity status.  
See 37 CFR 1.27.

3.  Specification [Total Pages 79]  
(preferred arrangement set forth below)  
 - Descriptive title of the Invention  
 - Cross References to Related Applications  
 - Statement Regarding Fed sponsored R & D  
 - Reference to sequence listing, a table,  
 or a computer program listing appendix  
 - Background of the Invention  
 - Brief Summary of the Invention  
 - Brief Description of the Drawings (if filed)  
 - Detailed Description  
 - Claim(s)  
 - Abstract of the Disclosure

4.  Drawing(s) (35 U.S.C. 113) [Total Sheets 30]

5. Oath or Declaration [Total Pages 2]  
 a.  Newly executed (original or copy)  
 b.  Copy from a prior application (37 CFR 1.63 (d))  
 (for a continuation/divisional with Box 18 completed)  
 i.  **DELETION OF INVENTOR(S)**  
 Signed statement attached deleting inventor(s)  
 named in the prior application, see 37 CFR  
 1.63(d)(2) and 1.33(b).

6.  Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:**Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

7.  CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)  
 a.  Computer Readable Form (CRF)  
 b. Specification Sequence Listing on:  
 i.  CD-ROM or CD-R (2 copies); or  
 ii.  paper  
 c.  Statements verifying identity of above copies

**ACCOMPANYING APPLICATIONS PARTS**

9.  Assignment Papers (cover sheet & document(s))

10.  37 C.F.R. §3.73(b) Statement  Power of  
(when there is an assignee) Attorney

11.  English Translation Document (if applicable)

12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS  
Citations

13.  Preliminary Amendment

14.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)

15.  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)

16.  Request and Non Publication under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent.

17.  Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,  
or in an Application Data Sheet under 37 CFR 1.76: Continuation     Divisional     Continuation-in-part (CIP)

of prior application No. \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

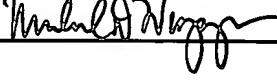
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied  
under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference.  
The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**17. CORRESPONDENCE ADDRESS** Customer Number or Bar Code Label

23624

or  Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Marvell Semiconductor, Inc.				
Address	700 First Avenue Mail Stop 509				
City	Sunnyvale	State	CA	Zip Code	94089
Country	United States	Telephone	408-222-2500		Fax 408-752-9034

Name (Print/Type)	Michael D. Wiggins		Registration No. (Attorney/Agent)	34,754
Signature			Date	January 26, 2004

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# FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 3544)

## Complete if Known

Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	Sutardja, Sehat
Examiner Name	To Be Assigned
Group / Art Unit	To Be Assigned
Attorney Docket No.	MP0319

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money  Other  None Order
 Deposit Account:

Deposit Account Number 08-0750

Deposit Account Name Harness, Dickey &amp; Pierce, P.L.C.

The Commissioner is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments
   
 Charge any additional fee(s) during the pendency of this application
   
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code (\$)	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code (\$)	
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
SUBTOTAL (1)			(\$ 770)

## 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
155	-20 **	= 135	X 18 = 2430
Independent Claims	7	-3 **	= 4 X 86 = 344
Multiple Dependent			X = 0

## Large Entity Small Entity

Large Entity	Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee Code (\$)	
1202	18	2202	9
1201	86	2201	43
1203	290	2203	145
1204	86	2204	43
1205	18	2205	9
SUBTOTAL (2)		(\$ 2774)	

\*\* or number previously paid, if greater; For Reissues, see above

Other fee (specify) \_\_\_\_\_

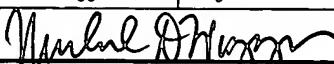
\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 0)

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Michael D. Wiggins	Registration No. Attorney/Agent)	34,754	Telephone	248-641-1600
Signature			Date	January 26, 2004	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.